

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Marie Boston</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>The P.G. Hospital Salisbury</i>		Month <i>Feb.</i>		Day <i>14th</i>		Years <i>11</i>	
Date of death <i>1909</i>		Age <i>2</i>		Months <i>0</i>		Days <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Pocomoke City Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>At Pocomoke City Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James Boston</i>		Father's Birthplace <i>" " "</i>					
Mother's Maiden Name <i>Emma Stewart</i>		Mother's Birthplace <i>Marumaccoe, So. Md.</i>					
Name of person giving Information <i>James Boston</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary <i>Swallowing food</i>		How long <i>2 weeks</i>	
Immediate <i>Starvation</i>		How long <i>few days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>		Signature of Physician <i>[Signature]</i>	
Address <i>Salisbury Md.</i>		Accident or Suicide <i>Accident</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>May Bradford</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>9</i>		Day <i>7</i>		Months <i>9</i>	
Date of death 190 <i>9</i>		Month <i>Mar</i>		Day <i>7</i>		Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i> Md</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Whitonsville Md</i>					
<del>Married, Single</del> <i>Married</i>		Name of Wife or Husband <i>Levi Bradford</i>		Father's Birthplace <i>Do not know</i>			
Mother's Maiden Name <i>Mary Boston</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Lillie Bretingham</i>		How related to deceased <i>sister relation</i>					

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary <i>acute gangrenous appendicitis</i>		How long <i>1 week</i>	
Immediate <i>General peritonitis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes I know</i>		Signature of Physician <i>J. M. Currier</i>	
Accident or Suicide <i>No</i>		Address <i>Salisbury, Md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Myrtle L. Clouser</i>		Town <i>Hebron</i>		County <i>Wicomico</i>		MARYLAND					
Died at <i>Hebron</i>		Month <i>Mar</i>		Day <i>14</i>		Years <i>5</i>		Months <i>3</i>		Days <i>8</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>					
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>Clarence E. Clouser</i>				Father's Birthplace <i>Pa</i>							
Mother's Maiden Name <i>Anna E. Kenney</i>				Mother's Birthplace <i>MD</i>							
Name of person giving Information <i>Jacob S. Clouser</i>				How related to deceased <i>Grandfather</i>							

## CAUSES OF DEATH

93

How long

Primary

Immediate

*Pneumonia*

How long

*3 weeks*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

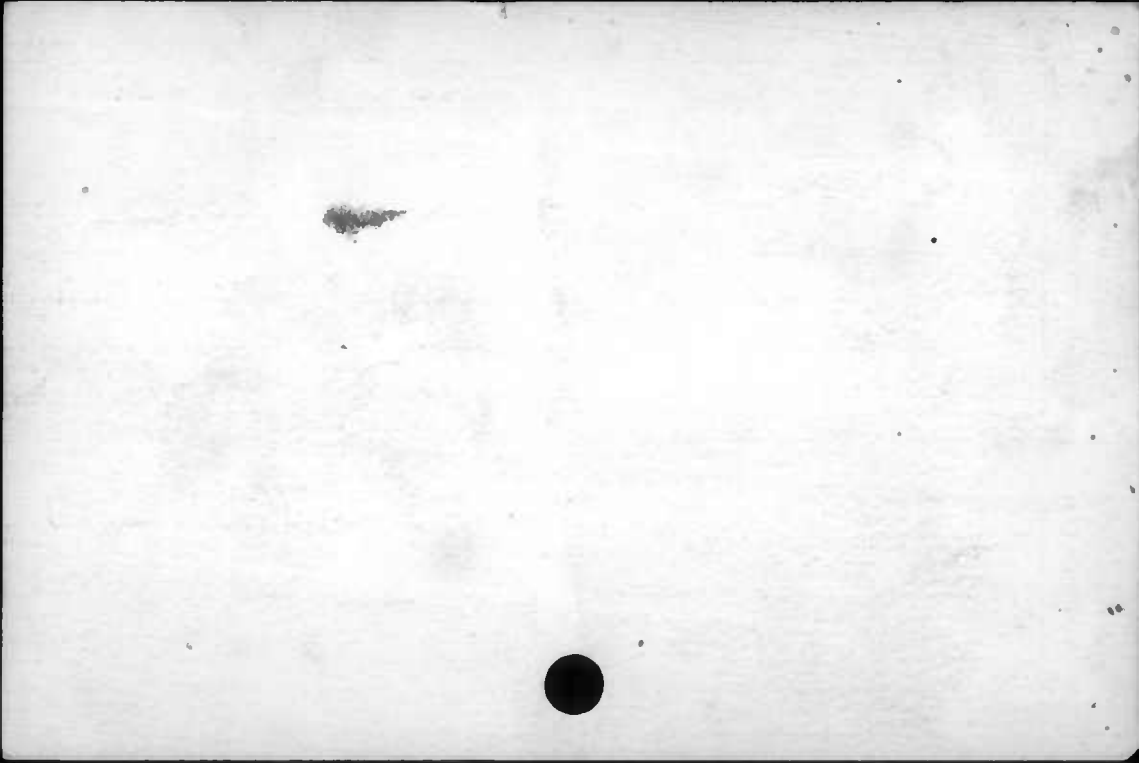
*H. C. Connaway*

Address

*Hebron MD*

Accident or Suicide

PHYSICIAN  
OR CORONER  
*6*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George W Elliott* County *Wicomico* Maryland  
 Died at *Salisbury* Month *May* Day *16* Age *11* Years Months *7* Days

Sex *Male* Color or Race *White* Birth-place *MD*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *Larry Elliott* Father's Birthplace *Del*

Mother's Maiden Name *Henretta S. Chippen* Mother's Birthplace *Del*

Name of person giving Information *Larry Elliott* How related to deceased *Father*

## CAUSES OF DEATH

90

Primary *Bronchitis* How long *7 weeks*

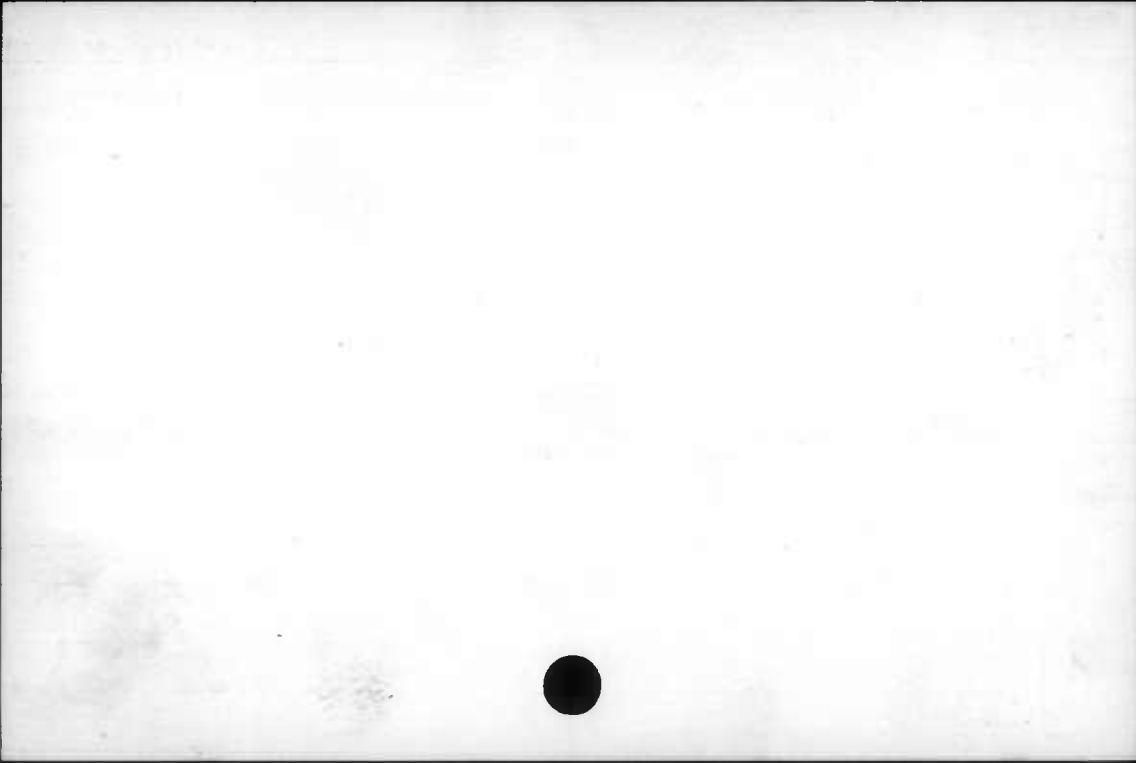
Immediate *Heart failure* How long *few minutes*

Are the name, age, sex, color, data and place correctly given above? *yes* Signature of Physician *F. M. Clemmons*

Address *Salisbury MD.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

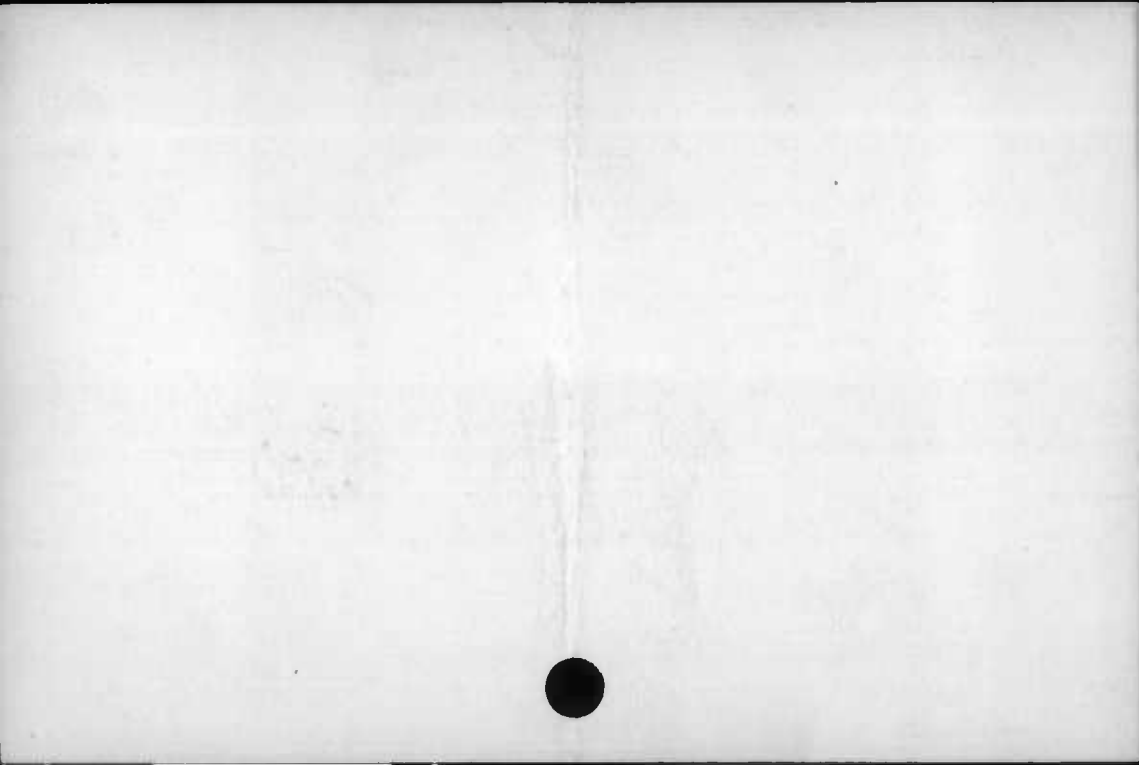
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	25	79		0	2
Sex		Color or Race		Birth-place			
Male		Colored		Maryland			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Frances Evans					
Father's Name		Benjamin Evans		Father's Birthplace			
				Maryland			
Mother's Maiden Name		Jessie Evans		Mother's Birthplace			
				Maryland			
Name of person giving information		Frances Evans		How related to deceased			
				Wife			

## CAUSES OF DEATH

123

PHYSICIAN  
OR CORONER

Primary	Cystitis with Pus and Blood	How long	4 months
Immediate	Hemiplegia	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Howard Lynd	
		Address	
		Maryland	
Accident or Suicide?			
		Maryland	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

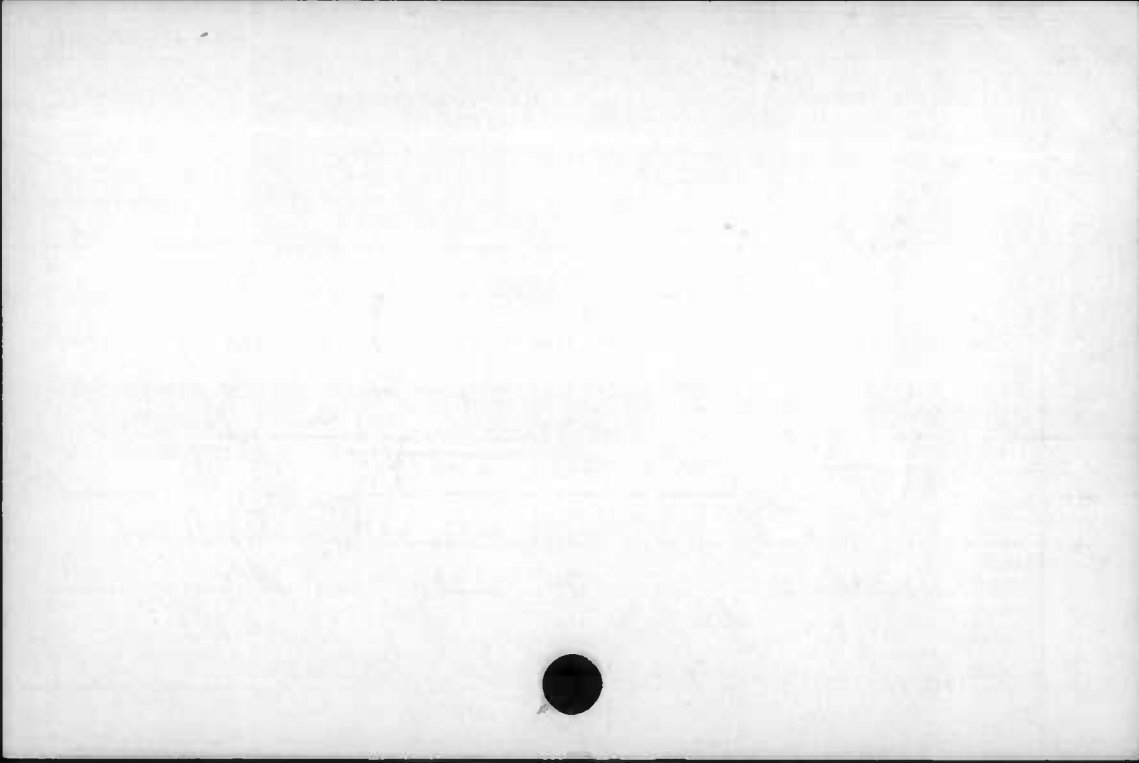
Died at <i>Allure</i> Town		County <i>Wic</i>		MARYLAND	
Date of death	1909	Month	Mar	Day	1
Age	54	Years		Months	2
Sex	male	Color or Race	White	Birth-place	Tony Tank.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		J. I. Goslee		Father's Birthplace	
Mother's Maiden Name		Mary Quark		Mother's Birthplace	
Name of person giving information		Mrs. F. E. Smith		How related to deceased	
		Sister		Mother & Father	

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Deftuent Rheumatism</i>	How long	<i>6 months</i>
Immediate	<i>Heart trouble</i>	How long	<i>Some years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. I. Long</i>	
		Address	
		<i>Allure</i>	
Accident or Suicide?			
		<i>Med</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Samuel Graham

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>The Peninsula Hospital</i> <sup>County</sup> <i>Salisbury</i>		MARYLAND	
Date of death	<sup>Month</sup> <i>1909</i> <sup>Day</sup> <i>10th</i> <sup>Years</sup> <i>45</i>	<sup>Months</sup>	<sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>Negro</i>
Occupation	<i>Laborer</i>	Birth-place	<i>Somerset Co. Md.</i>
Where Residing if not at place of death	<i>Eden Som. Co. Md.</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Violet Graham</i>
Father's Name	<i>Joseph Graham</i>	Father's Birthplace	<i>Som. Co. Md.</i>
Mother's Maiden Name	<i>Polly Wright</i>	Mother's Birthplace	<i>" " "</i>
Name of person giving Information	<i>J. L. Wright</i>	How related to deceased	<i>Cousin</i>

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bright's Disease</i>	How long	<i>1 year</i>
Immediate	<i>Pulmonary edema</i>	How long	<i>1 day</i>
Are the name, age, sex, color, data and place correctly given above?	<i>so far as I know</i>	Signature of Physician	<i>J. L. Wright</i>
Address	<i>Salisbury, Md</i>		
Accident or Suicide	<i>no</i>		



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant no name (Harvey)

Died at *Salisbury* Town*Wicomico* County

MARYLAND

Date

of death

190 *9*

Month

*Nov*

Day

*3*

Age

Years

*1*

Months

*3*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Mo*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*S R Harvey*Father's  
Birthplace*Mo*Mother's  
Maiden Name*Agnes McCornell*Mother's  
Birthplace*Mo*Name of person giving  
Information*S R Harvey*How related  
to deceased*Father*

## CAUSES OF DEATH

*93*

Primary

*Pneumonia*

How long

*4 days*

Immediate

*asphyxiation from convulsions*

How long

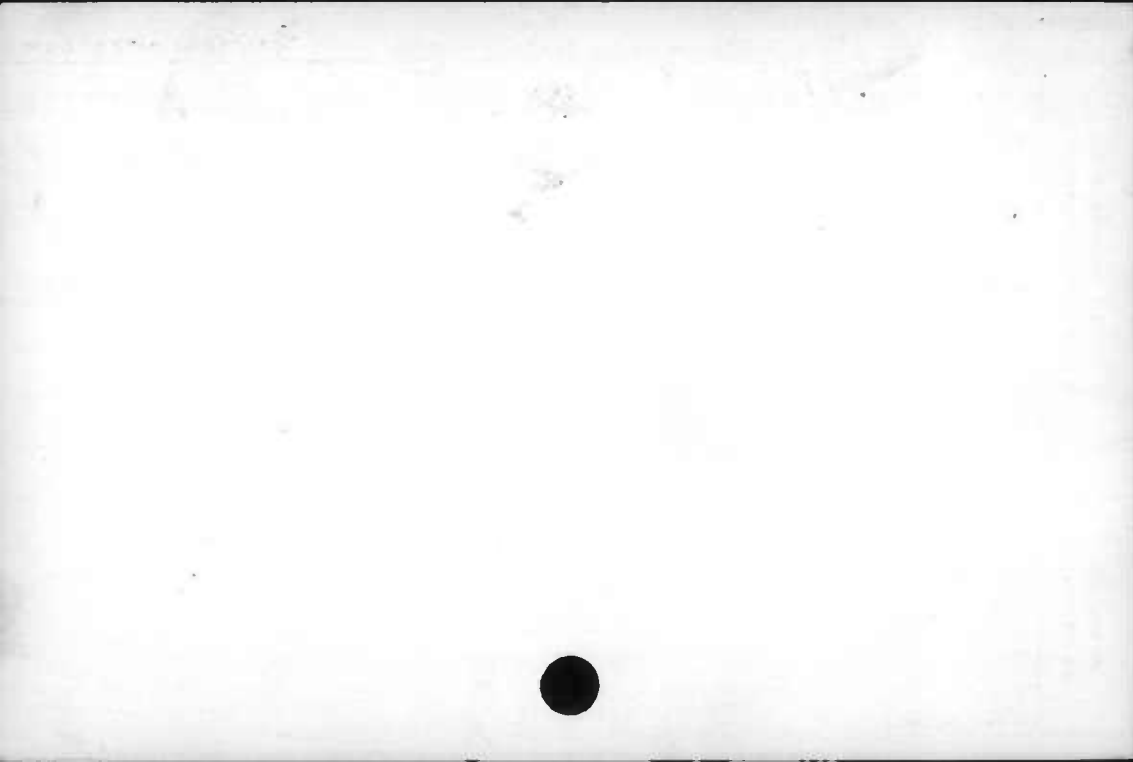
*6 hrs*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*far as I know**Salisbury*

Accident or Suicide

*no*





## CERTIFICATE OF DEATH

Died at <i>Fruitland</i>		Town <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Mch.</i>		Day <i>6</i>		Age <i>82</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>			
Occupation <i>Cears Ago. Nurse</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James Hayman</i>		Father's Birthplace <i>" " "</i>					
Mother's Maiden Name <i>Hitch</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Thomas Hayman</i>		How related to deceased <i>Cousin</i>					

### CAUSES OF DEATH

154

Primary		How long
Immediate	General Debility	How long

### Accident or Suicide



Name in Full

Certificate of Death

Leah J Hudson

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Month

Day

Y.

M.

D.

Native of

Occupation

Data 19

09

Mar

2

Age

30

Md

Housework

Male

~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband

of

Fred O Hudson

Wife

Father's

Name

William Washburn

Mother's

Maiden Name

Don't know

Cause of

Primary

no Doctor, Don't know

How long sick

11 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

D C Holloway &amp; Co

Address

Salisbury

Md

179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Georgia A. Johnson* Town *Mari* County *McComico* **MARYLAND**

Died at *Mari Mandela*

Date of death *1909* Month *3* Day *8* Age *16* Months *2* Days *3*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *Lady* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *George E. Johnson* Father's Birthplace *md*

Mother's Maiden Name *Mary A. Ennis* Mother's Birthplace *"*

Name of person giving Information *Samuel E. Johnson* How related to deceased *Brother*

## CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary *acute Bright's* How long *4 months*

Immediate *Disease* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *L. L. English*

Address *Mari Mandela Springs*  
*md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		March	6	0	0	4	13
Sex		Color or Race		Birth-place			
male		white		Delmar Del			
Occupation				Where Residing if not at place of death			
Infant				11 12			
Married, Single or Widowed		Name of Wife or Husband					
Infant		Infant					
Father's Name				Father's Birthplace			
Joseph L. Layfield				Md			
Mother's Maiden Name				Mother's Birthplace			
Jenny E. Manfred				Md			
Name of person giving Information				How related to deceased			
Joseph L. Layfield				Father			

## CAUSES OF DEATH

93

Primary	Pneumonia	How long	one week
Immediate	Pneumonia	How long	one week

Are the name, age, sex, color, date and place correctly given above?

Yes

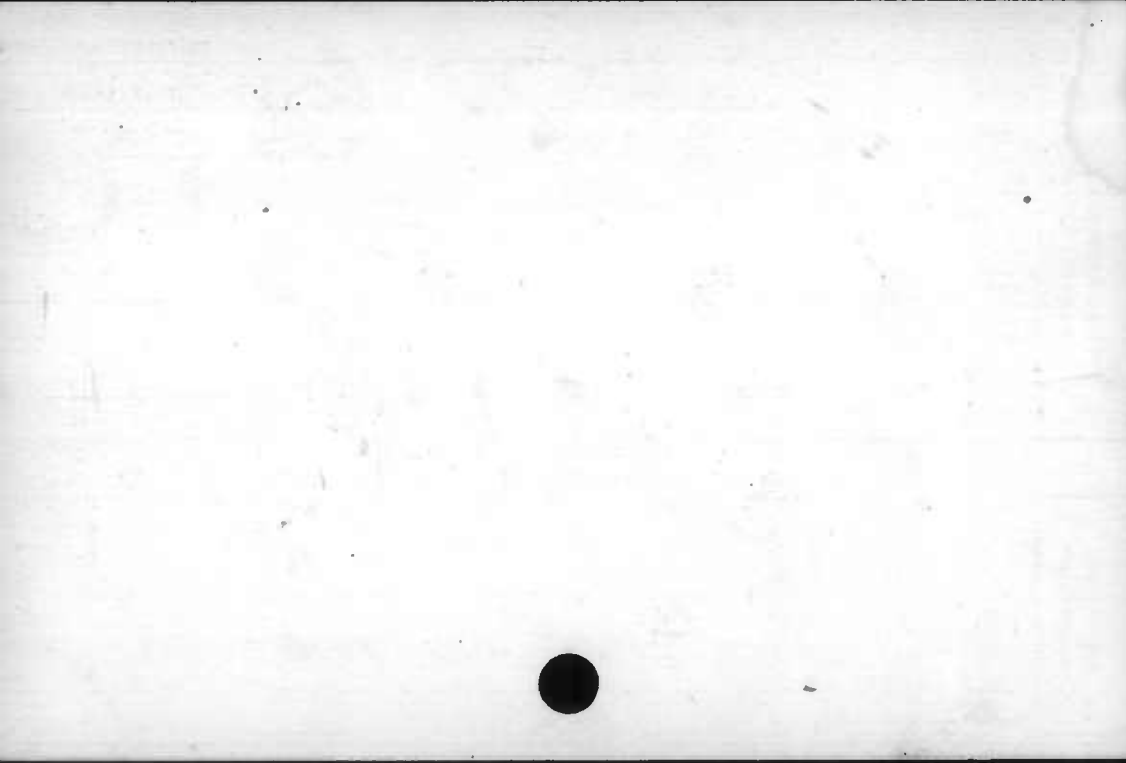
Signature of Physician

Address

Robert Allegood, M.D.  
Delmar Del

Accident or Suicide

PHYSICIAN  
OR CORNER





Name  
in  
Full

William H. Livingston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fruitland</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Nov.</i>	Day <i>29th</i>	Age <i>0</i>	Months <i>2</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Fruitland Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Ernest Livingston</i>	Father's Birthplace <i>Wicomico Co. Md.</i>				
Mother's Maiden Name <i>Rosa B. Smullen</i>	Mother's Birthplace <i>Worcester Co. Md.</i>				
Name of person giving Information <i>Ernest Livingston</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary <i>Vomited, and milk ran down tracheal</i>	How long <i>was found dead.</i>
Immediate <i>Strangulation</i>	How long <i>accidental</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address <i>C. R. Truitt</i>	
Accident <i>Strangulation</i>	<i>Salisbury Md.</i>

Arch

Name  
in  
Full

Samuel Russel Zydyck

## CERTIFICATE OF DEATH

Died at

Town

Melsm

County

Wicomico

MARYLAND

Date

of death 1907

Month

3

Day

7

Years

Age 51

Months

6

Days

7

Sex

Male

Color or  
Race

White

Birth  
place

Pennsylvania

Occupation

Farmer

Where Residing if not  
at place of death

Melsm Wicomico Co

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Hannah Zydyck

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
In formation

J. H. Malone

How related  
to deceased

None

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Nine years

Immediate

General weakness &amp; weak heart for week

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James Rayshan

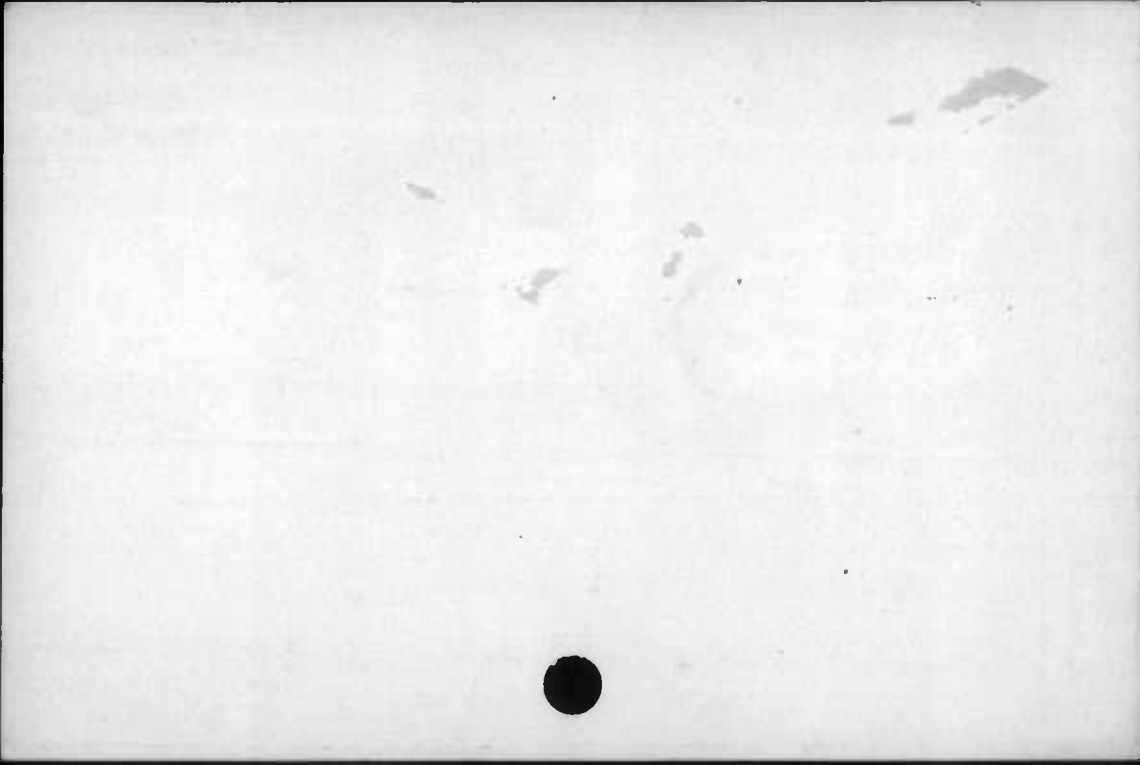
Address

Selmon Delaware

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

6



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Salisbury

Town

County

Wicomico

MARYLAND

Date

of death 1909

Month

March

Day

30<sup>th</sup>

Years

Age 42

Months

0

Days

0

Sex

Female

Color or  
Race

White

Birth-  
place

Fruitland Md.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Josiah M. Grath

Father's  
Birthplace

Worcester Co. Md.

Mother's  
Maiden Name

Eleanora C. Robertson

Mother's  
Birthplace

Somerset Co. Md.

Name of person giving  
Information

John W. M. Grath

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Ill health

How long

158

Immediate

Suicide by drowning

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. R. Truitt  
Salisbury Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

File

Name  
in  
Full

Keneratta, A. Messick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Tyashin <sup>Town</sup> Wicomico <sup>County</sup> **MARYLAND**

Date of death 1909 March <sup>Month</sup> 21 <sup>Day</sup> Age 69 <sup>Years</sup> — <sup>Months</sup> 10 <sup>Days</sup>

Sex Female Color or Race White Birthplace Maryland

Occupation Housekeeper Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband Wm. B. Messick (Decd)

Father's Name Henry Hopkins Father's Birthplace —

Mother's Maiden Name Molly Hopkins Mother's Birthplace —

Name of person giving information William B. Messick How related to deceased Son

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary Cerebral Hemorrhage (Paralysis) How long 8 months

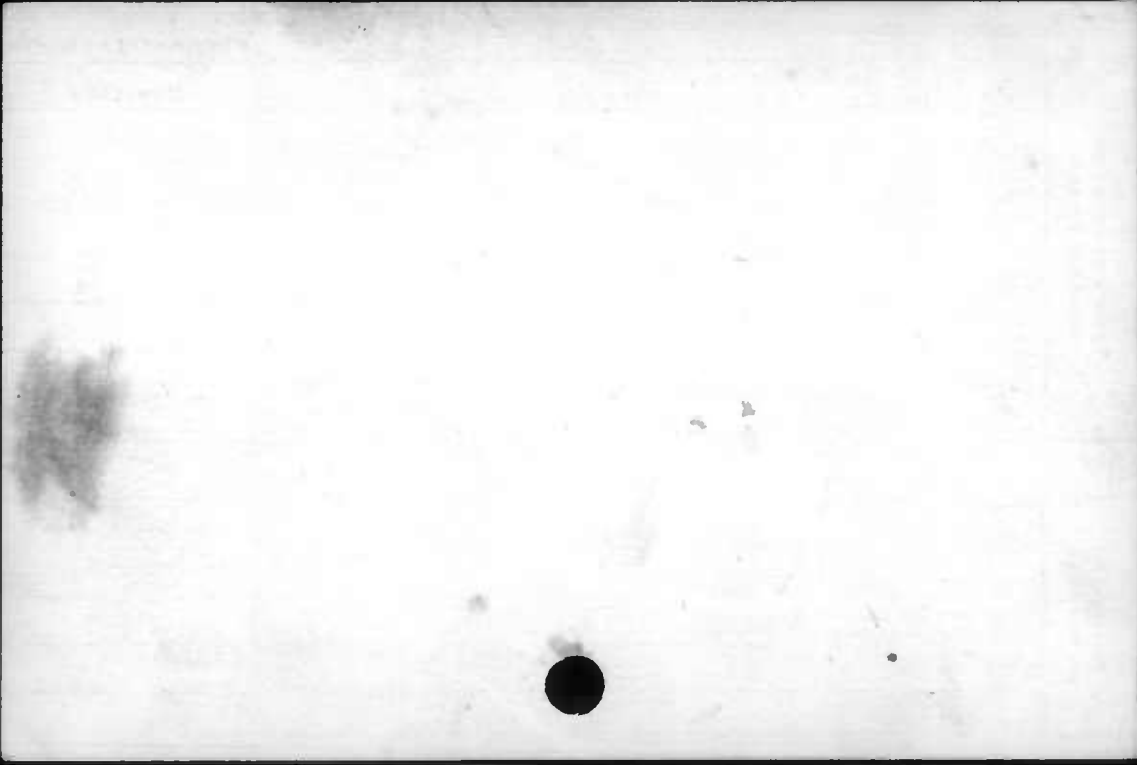
Immediate Second attack of same How long Few hours

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician Geo H. Betts Jr. M.D.

Address Bivalve Md.

Accident or Suicide —





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary L. Nelson* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Date of death 1909 Month *March* Day *12* Age *1* Years Months *3* Days *4*

Sex *Female* Color or Race *Black* Birth-place *Salisbury Md.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Thomas Nelson* Father's Birthplace *Not Known*

Mother's Maiden Name *Susie King* Mother's Birthplace *Rehoboth Beach Del.*

Name of person giving Information *Susie Nelson* How related to deceased *Mother* (Md.)

## CAUSES OF DEATH

90

How long

PHYSICIAN  
OR CORONER

Primary

*Bronchitis*

How long

*one week*

Immediate

*Capillary Bronchitis*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

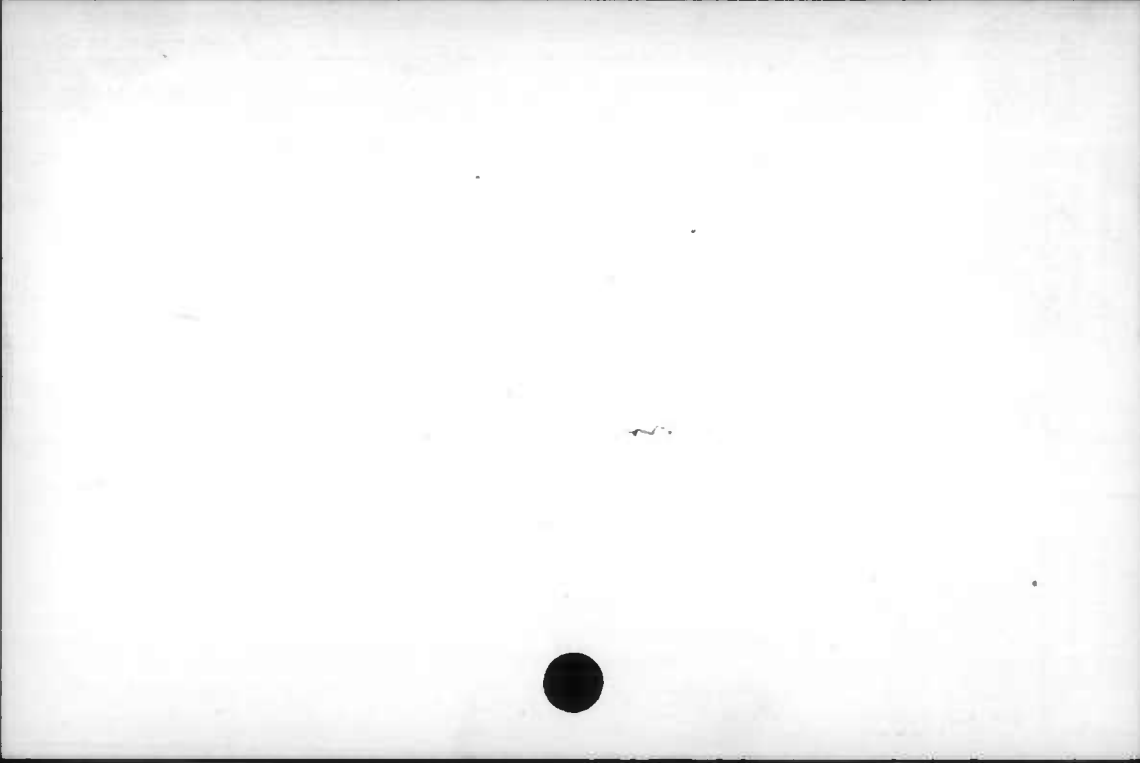
Signature of Physician

*J. B. Totten*

Address

*Salisbury Mr.*

Accident or Suicide



Name

in  
Full

Lee Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Great Shoal* TownCounty *Wicomico*

MARYLAND

Date of death *1909* Month *March* Day *1*Age *33* Years

Months

Days

Sex *Male*Color or  
Race*Colored*Birth-  
place*Virginia*Occupation *Waterman*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Not Known*Father's  
Birthplace*Not Known*Mother's  
Maiden Name*Not Known*Mother's  
Birthplace*Not Known*Name of person giving  
Information*Joseph Thomas*How related  
to deceased*None*

## CAUSES OF DEATH

Primary

*Drowning*

How long

Immediate

*Accidental.*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*George McMarch, Coroner*

Address

*Princess Anne Md.*

Accident

*1909**Route #2*

LIBRARY BUREAU 444616

PHYSICIAN  
OR CORONER

6



Name  
in  
Full

Mordcai Parsons

## CERTIFICATE OF DEATH

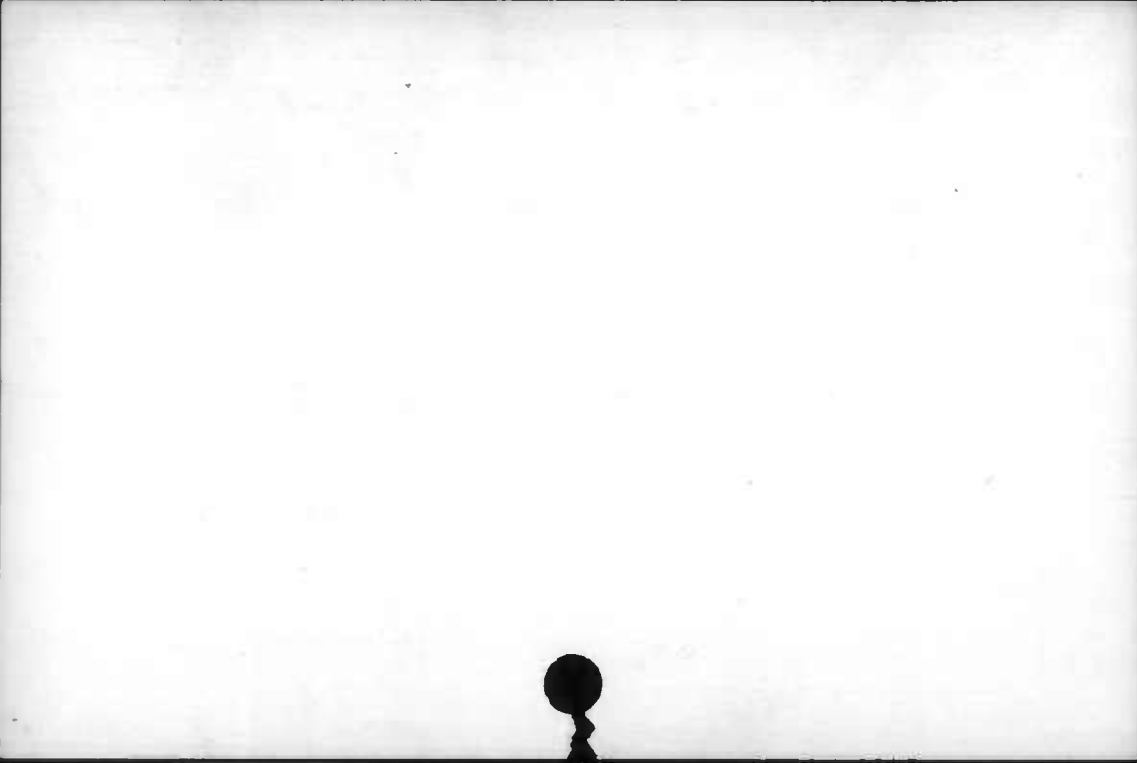
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Powellville</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Mch.</i>	Day <i>27</i>	Age <i>78</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lucinda Parsons</i>				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>John R. Truitt</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

Primary <i>La Grippe &amp; Poor Hygiene</i>	How long <i>6 Months</i>
Immediate <i>Tuberculosis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Stolland</i>
	Address <i>Whaleymile Md</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Freder. W. Persons*

Died at *Melons* Town *Wicomico* County

Date of death *1909* Month *3* Day *9* Age *56* Years Months *6* Days

Sex *Female* Color or Race *White* Birth-place *Mel*

Occupation *House Wif* Where Residing if not at place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband *George W. Persons*

Father's Name *John H. Sears* Father's Birthplace *Mel*

Mother's Maiden Name *Bethie A. Esham* Mother's Birthplace *Mel*

Name of person giving information *George W. Persons* How related to deceased *Husband*

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary *Insanity* How long *3 Months*

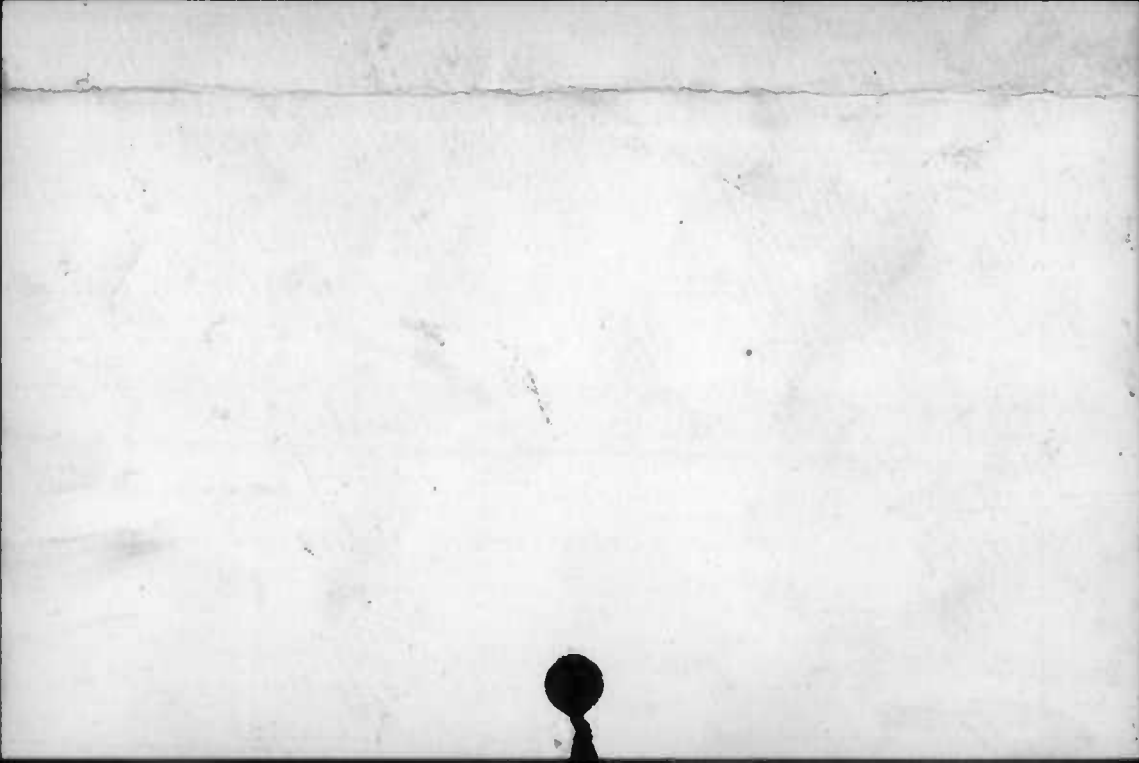
Immediate *Refusing Food* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Robert Ellgood M.D.*

Address *Delmar Del*

Accident or Suicide? ☐





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	<i>Mar.</i>	Day	<i>7<sup>th</sup></i>
Age	<i>72</i>	Years	<i>10</i>	Months	<i>3</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Wicomico Co. Md.</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Morried, Single or Widowed	<i>Widower</i>	Name of Wife or Husband	<i>Sarah E. Perdue</i>		
Father's Name	<i>John B. Perdue</i>		Father's Birthplace	<i>Wicomico Co. Md.</i>	
Mother's Maiden Name	<i>Julia A. Davis</i>		Mother's Birthplace	<i>" " "</i>	
Name of person giving Information	<i>Dean Perdue</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate	<i>Edema Lungs</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. H. Todd</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant of Geo. H. Parsey</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <b>MARYLAND</b>	
Died at <i>Salisbury</i>		Month <i>March</i>		Day <i>27th</i>		Years <i>0</i>	
Date of death <i>1909</i>		Month <i>March</i>		Day <i>27th</i>		Years <i>0</i>	
Age <i>Dead Born</i>		Months <i>0</i>		Days <i>0</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>George H. Parsey</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Annie E. Quillin</i>		Mother's Birthplace <i>Near Berlin Md.</i>					
Name of person giving Information <i>Geo. H. Parsey</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Born Dead</i>	How long <i>8</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. H. Todd</i>	Address <i>Salisbury Md</i>
Accident or Suicide		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Laura Ramage* Town *Salisbury* County *Wicomico*  
Died at *Salisbury* Maryland  
Date of death 190 *P* Month *Mar* Day *14* Age *52* Years Months Days  
Sex *Female* Color or Race *Black* Birth-place *MD*  
Occupation *Housework* Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband *Charles Ramage*  
Father's Name *Editha Danks* Father's Birthplace *MD*  
Mother's Maiden Name *Editha Danks* Mother's Birthplace *MD*  
Name of person giving Information *Julia Danks* How related to deceased *Sister*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Tubercular Phthisis* How long *Don't know*  
Immediate *Tubercular Peritonitis* How long *Don't know*  
Are the name, age, sex, color, data and place correctly given above? *Yes*  
Signature of Physician *Harry T. Hall*  
Address *Wic*  
Accident or Suicide *X*

I never saw deceased until the Mch-13<sup>th</sup> '09  
She died next day - Harry Tull

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Adolph Scholshorn

Town

County

MARYLAND

Died at Near Salisbury

Wicomico

Date

of death 1909

Month

Mar. 30

Day

Age

Years

39

Months

Days

26

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Farmer

Where Residing if not  
at place of death

Dnr Kurr

Married, Single  
or WidowedName of Wife or  
Husband

Dnr Kurr

Father's  
Name

John B. Scholshorn

Father's  
Birthplace

Dnr Kurr

Mother's  
Maiden Name

Rosalie Kiefer

Mother's  
Birthplace

Dnr Kurr

Name of person giving  
Information

Otto Scholshorn

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

carcinoma of stomach.

How long

40

1 year

Immediate

Hemorrhage stomach.

How long

7 or 8 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

as obtainable

J. J. M. Dnr  
Salisbury Md

Accident or Suicide

No.

PHYSICIAN  
OR CORONER





Name  
in  
Full

Kate Seabreeze

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

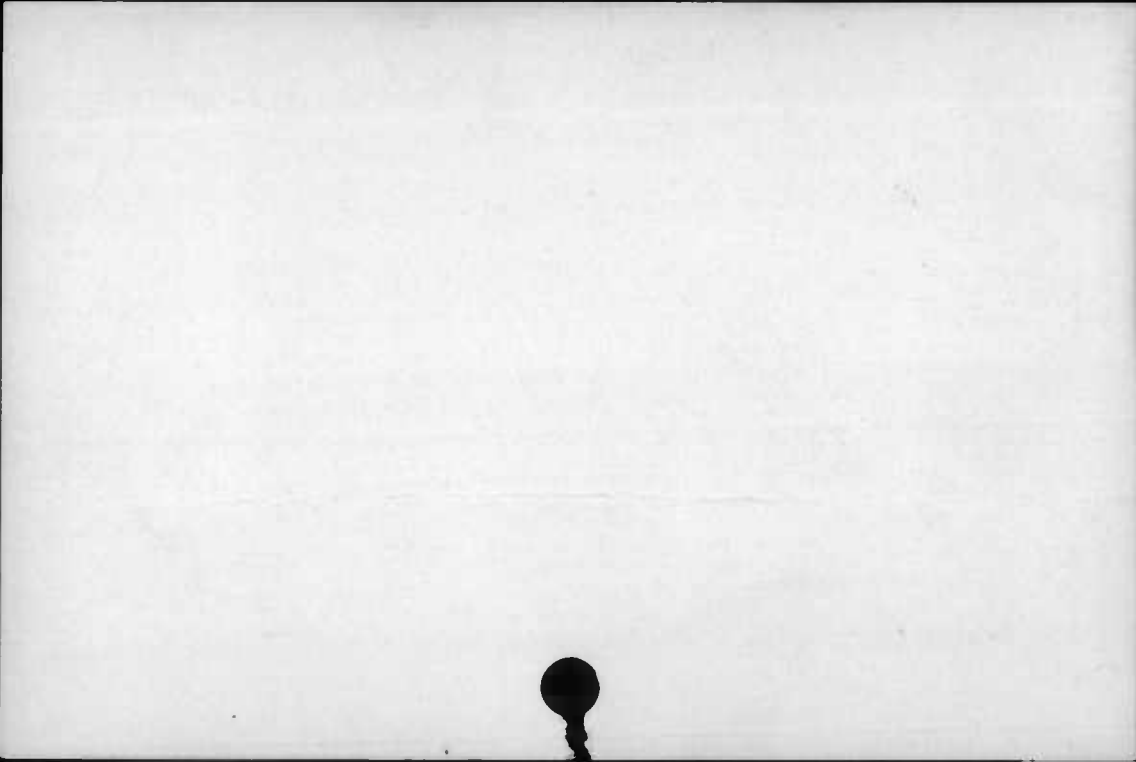
Died at <i>Near Maryland spgs</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>1st</i>	Age <i>44</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Lady</i>			Where Residing if not at place of death <i>Md.</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo Seabreeze</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>H. J. Seabreeze</i>			How related to deceased <i>Bro's wife,</i>				

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary	<i>Strangled - Umbilical</i>	How long	<i>9 days</i>
Immediate	<i>Hernia,</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr Conaway</i>	
		Address <i>Hebron Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Florence A. J. Simpson* Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury* Date of death *1909* Month *Mch.* Day *24<sup>th</sup>* Age *85* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Scotland*

Occupation *Music Teacher* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Henry J. Simpson* Father's Birthplace *"*

Mother's Maiden Name *Not known* Mother's Birthplace *"*

Name of person giving Information *Mrs. Annie Lucas* How related to deceased *None*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary *Hemiplegia* How long *Several Mos.*

Immediate *Stroke, unknown* How long

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *F. M. Clemmons M.D.*

*As far as I know* Address *Salisbury Md*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

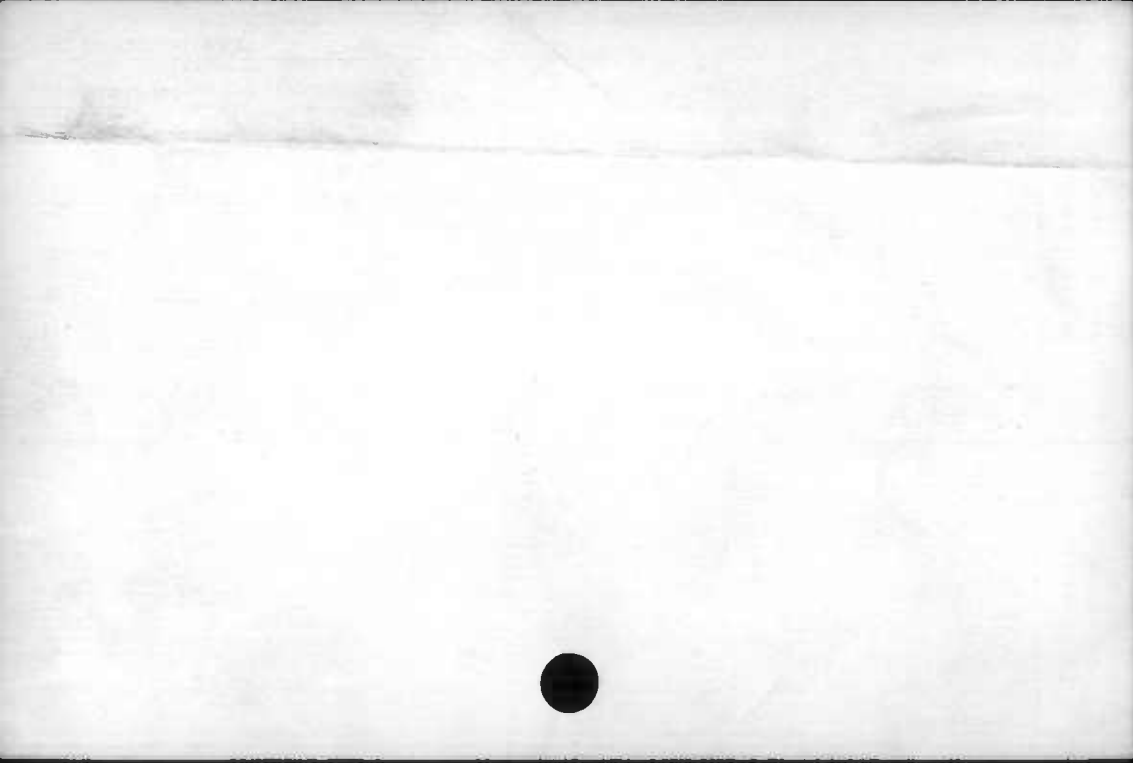
Died at <i>Sharptown</i>		County <i>Thermico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>28</i>	Age <i>—</i>	Months <i>6</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sharptown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John S. Smith</i>		Father's Birthplace <i>Bethel Del</i>			
Mother's Maiden Name <i>Alice P. Mooney</i>		Mother's Birthplace <i>Criffield</i>			
Name of person giving Information <i>Aracade L. Mooney</i>		How related to deceased <i>Son &amp; Mother</i>			

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Cardiac Failure</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. G. Galsanay</i>
	Address <i>Sharptown</i>
Accident or Suicide	



Name  
in  
Full

Willard E. Tilghman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

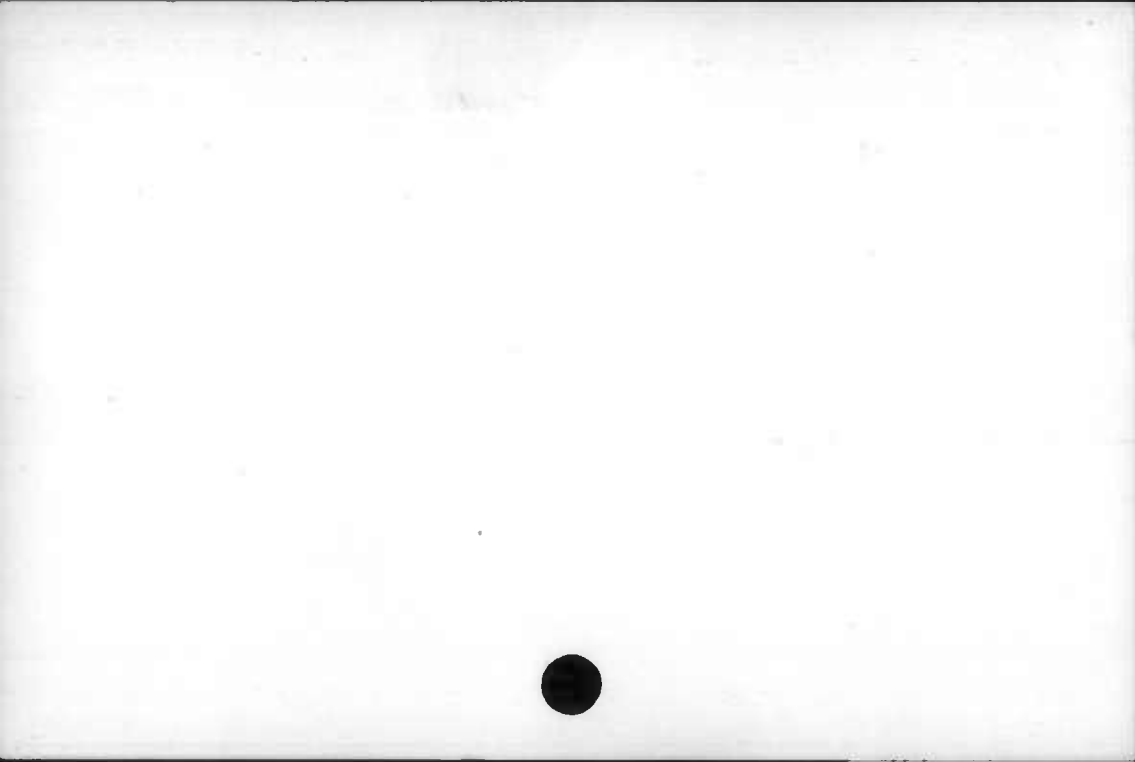
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	<i>Mch.</i>	Day	<i>24<sup>th</sup></i>
Age	<i>4</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Salisbury Md.</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>None</i>			
Father's Name	<i>Leuther P. Tilghman</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Leillian H. Guthrie</i>			Mother's Birthplace	<i>Salisbury Md.</i>
Name of person giving Information	<i>Leuther P. Tilghman</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>3 or 4 weeks</i>
Immediate	<i>acute Brights</i>	How long	<i>two days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. H. Todd</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide			





Name  
in  
Full

Walter B. Tingle

## CERTIFICATE OF DEATH

Died at *Meloon* TownCounty *Madison*

MARYLAND

Date

of death *1909*Month *3*Day *14*

Age

Years *1*Months *6*Days *16*

Sex

*Male*Color or  
Race*White*Birth-  
place*Melons*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Charles B. Tingle*Father's  
Birthplace*Melons*Mother's  
Maiden Name*Berthe J. Brewing*Mother's  
Birthplace*Melons*Name of person giving  
Information*C. B. Tingle*How related  
to deceased*Father*

## CAUSES OF DEATH

93

Primary

*Pneumonia*

How long

*2 weeks*

Immediate

*Pneumonia*

How long

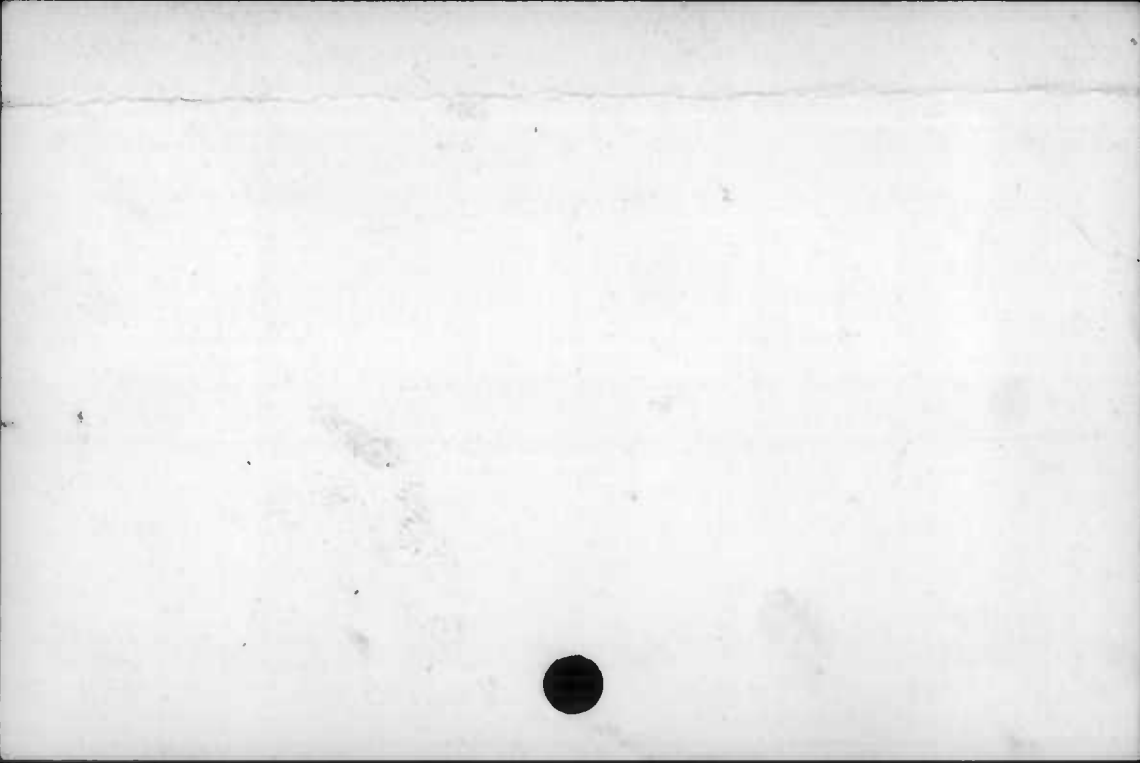
*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Robert Allegood M.D.*

Address

*Delmar Del*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Jacob Wails*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

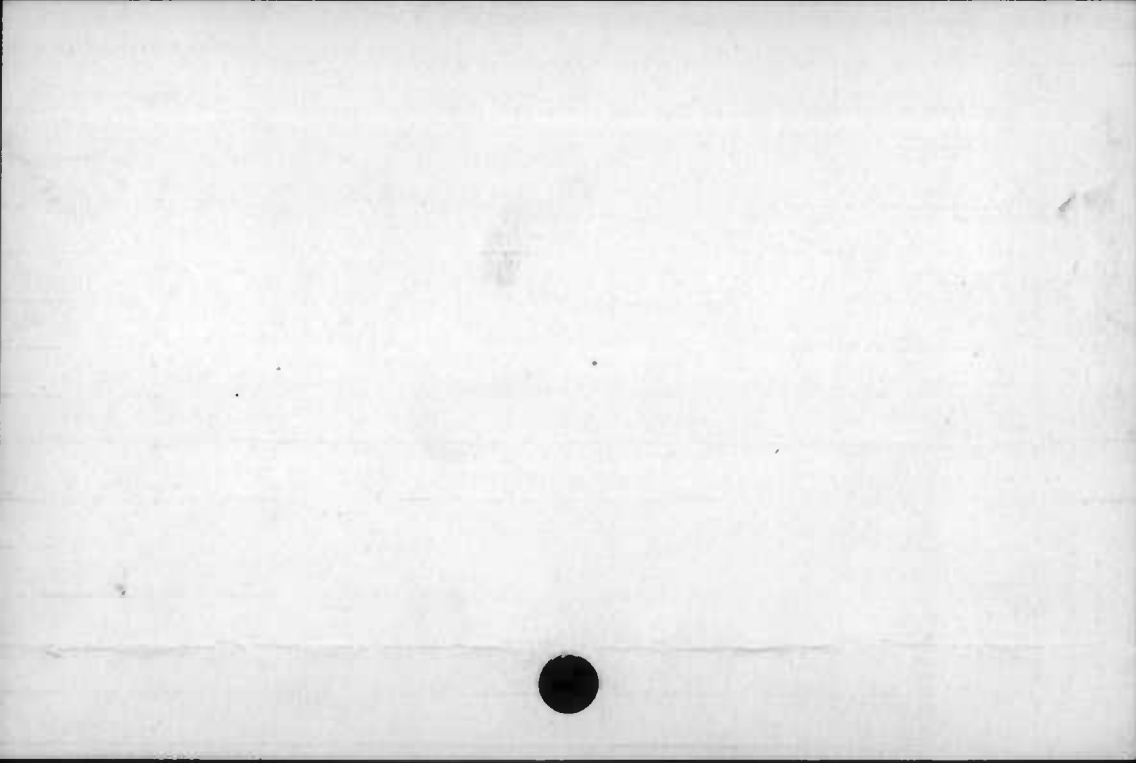
Died at		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>3</i>	Day <i>19</i>	Age Years	Months		Days <i>32</i>
Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth- place	<i>Near Delmar</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>William Wails</i>			Father's Birthplace	
Mother's Maiden Name			<i>Ellen Waters</i>			Mother's Birthplace	
Name of person giving in formation			<i>W. Wails</i>			How related to deceased	
						<i>Father</i>	

CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary	<i>Overdose of Castoria, which contains Santonium" (Dr. Brayshaw).</i>	How long	
Immediate	<i>Over dose of Anodyne</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James Brayshaw</i>	
<i>Overdose accidentally given.</i>		Address <i>Delmar Del.</i>	
Accident or Suicide			



Name  
in  
Full

Patrick Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

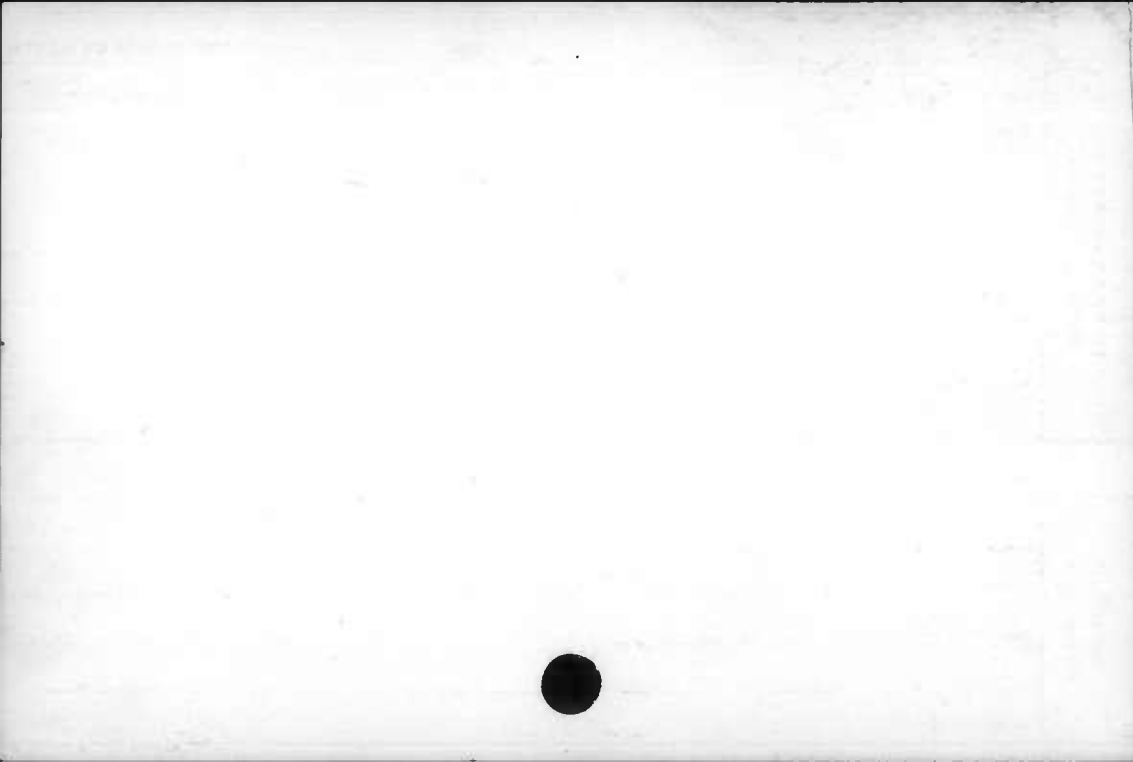
Died at		Town		County		MARYLAND	
Salisbury		Wicomico					
Date of death		Month	Day	Years	Months	Days	
1909		Mar	17	36			
Sex		Color or Race		Birth-place			
male		White		St. J.			
Occupation		Where Residing if not at place of death					
Engineer		Fenton St. J.					
Married, Single or Widowed		Name of Wife or Husband					
Single		Unknown					
Father's Name		Father's Birthplace					
Do not know		Do not know					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					
William H. Decker		no relation					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary		How long	
Pneumonia		2 weeks	
Immediate		How long	
Suppurative Pericarditis		a week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		O. B. Potter	
		Address	
		Salisbury Md.	
Accident or Suicide			



Name  
in  
Full

Charles J Workman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County **MARYLAND**  
 Date of death 190 9 Month May Day 20 Age 49 Years 3 Months 15 Days

Sex male Color or Race White Birth-place Del  
 Occupation Lumberer Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband Sallie J Workman

Father's Name Joshua Workman Father's Birthplace Del

Mother's Maiden Name Sarah A Glavalle Mother's Birthplace Id

Name of person giving Information Nancy Parker How related to deceased Sister

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary tuberculosis How long about 145 yrs

Immediate Pharyngeal lymphatic tuberculosis How long 12 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. M. [unclear]

us J. [unclear] Address Salisbury Del

Accident or Suicide No

